

Induction of Labour (IOL)

A brief overview

On average in the UK 34% of labours are induced, so 3 in every 10 pregnancies

This leaflet provides some pre-information in case this becomes a part of your pregnancy journey



Local Maternity
& Neonatal System

What is Induction of Labour (IOL)?

Induction of labour is a process designed to start labour artificially. If it is felt that your or your baby's health is likely to benefit, your midwife or doctor may offer and advise an induction of labour.



Why might I be offered an IOL?

The most common reasons for induction of labour are:

- To avoid pregnancy lasting longer than 42 weeks (known as prolonged pregnancy).
- If your waters break but your labour does not start within 24 hours.
- There are other indications when your doctor thinks starting labour early is safer for you or your baby.

It is unlikely you will be offered IOL prior to 37 weeks of pregnancy unless there are concerns about yours or baby's wellbeing.

Busting the myths

There is no available evidence that supports the following: raspberry leaf tea, herbal supplements, acupuncture, castor oil, hot baths, sexual intercourse, enemas, and homeopathic methods to induce labour.

You will be offered a membrane sweep at 39 weeks

This is performed to help promote labour. It is your choice whether to have this procedure or not. A membrane sweep is a procedure in which the midwife places a gloved finger just inside your cervix (neck of the womb) and makes a sweeping circular motion to separate the membranes (sac around the baby) from the cervix.

There is evidence that this can start natural labour hormones for some. Labour may start naturally within a couple of days of the sweep, but if not, your midwife may discuss repeating it.

You may also experience some contractions or spotting (a very small amount of blood loss) in the 24 hours after the sweep. If you have any concerns, please call your local maternity unit. Membrane sweeps are not associated with increased rates of infection or an increased likelihood of your waters breaking before labour begins. They do not cause any harm to your baby.

How will my labour be Induced?

There are different methods of induction. The type recommended to you will depend on your health, pregnancy, if you have had any baby's before and your baby's wellbeing. Your midwife or doctor will discuss with you which method is recommended for you.

If you decide against induction, you can choose to wait for spontaneous labour or opt for a caesarean section. The decision will be completely your choice.

Risks and Benefits of IOL

Benefits:

- Your baby will be born at the timing required as per medical need.

Risks:

- Over-contracting of the womb may occur. We can give you medication to reduce contractions if needed.
- Some women experience nausea, vomiting or diarrhoea after some of the medication used. If this occurs talk to your midwife who will discuss the options with you.
- The main disadvantage of IOL is a woman's experience of the labour process, with lower birth satisfaction scores compared to women who spontaneously labour. Therefore, we only recommend an IOL when there are clinical needs or risks.

Pain Relief Options

In the early stage of IOL you can access TENs machines, birthing balls, baths, paracetamol, pethidine or oramorph (oral morphine drink).

Once you are in active labour or are transferred to delivery suite to continue your IOL you can access all the above as well as gas and air and an epidural.

Other Resources

NHS England - Inducing Labour:



NICE Guidance for the Public:



Please contact your community midwife or local maternity unit if you have any queries or concerns.

If you book an IOL at any point you will be provided with the full IOL Booklet which contains further information, including decision making tools to help you decide with your dedicated health care professional's support.